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Date: 15 July 2005 **No. of Pages:** 6
TO: Mail Stop Issue Fee **COMPANY:** United States Patent and Trademark Office
FAX: 571-273-2885
FROM: William H. Quirk **DEPARTMENT:** Legal
FAX: 210 255 6969 **PHONE:** 210 255 4545
Message: Re: U.S. Patent Application No. 09/544,399
Filed: April 6, 2000
First Named Inventor: Johnson, Royce
Attorney Docket No.: VAC.561.US
Confirmation No.: 8788

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Dear Sir or Madam:

Attached please find the following:

1. Part B – Fees(s) Transmittal in duplicate;
 - a. Transmittal Form;
 - b. Comments on Statement of Reasons for Allowance;
 - c. Request assignee name to appear on patent; and
2. Issue Fee reflects a credit for any previously paid issue fee applied in this application. If this is incorrect, the Commissioner is authorized to charge the required fees to deposit account no. 500326.

Respectfully submitted,

William H. Quirk

I:\en\Cherie\Fax Cover Sheets\USPTO Fax Cover Sheets\USPTO Issue Fee Fax Cover Sheet_VAC.561.US_8 23 05.new fax #doc.doc

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

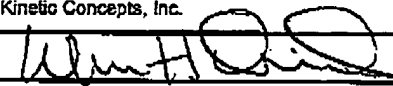
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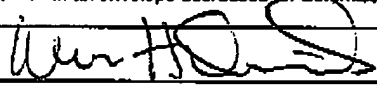
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/544,399
	Filing Date	April 6, 2000
	First Named Inventor	JOHNSON, Royce
	Art Unit	3781
	Examiner Name	BOGART, Michael G.
Total Number of Pages in This Submission	Attorney Docket Number	VAC.561.US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Comments on Statement of Reasons for Allowance
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kinetic Concepts, Inc.		
Signature			
Printed name	William H. Quirk		
Date	23 August 2005	Reg. No.	33,996

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	William H. Quirk	Date	33,996

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 23 2005

App. No. : 09/544,399 Confirmation No.:8788
Inventor : JOHNSON, Royce
Filed : April 6, 2000
Group Art Unit : 3761
Examiner : BOGART, Michael G.
Docket No. : VAC.561.US
Customer No. : 30159
Title: : VACUUM ASSISTED CLOSURE PAD WITH ADAPTTION
FOR PHOTOTHERAPY

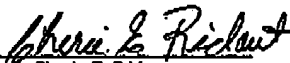
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23 August 2005
Date


Cherie E. Ridout

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

The following comments are in response to the Supplemental Notice of Allowability dated July 21, 2005. The Examiner particularly reflected on language of the first allowed independent claim.

Applicant also respectfully submits that the allowability of the other independent and dependent claims provides additional reasons for allowance. As a particular example, it is clear that the prior art fails to teach or suggest the combination of a wound pad comprising reticulated open-cell foam and an optical pigtail for phototherapy. The other inventions claimed are also not anticipated or obvious in view of the prior art.

App. No. 09/544,399
Date: 23 August 2005

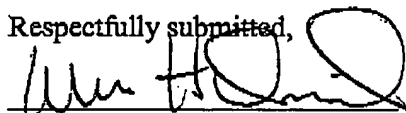
SUMMARY

In view of the above, Applicant submits the Application remains in condition for Allowance and issue.

If upon consideration of the above, the Examiner should feel that outstanding issues remain in the present application that could be resolved, the Examiner is invited to contact the undersigned at the telephone number indicated to discuss resolution of any such issues.

Applicant respectfully requests favorable consideration.

Respectfully submitted,



William H. Quirk

Reg. No. 33,996

Attorney for the Applicant

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